




THE CALIFORNIA VETERINARIAN

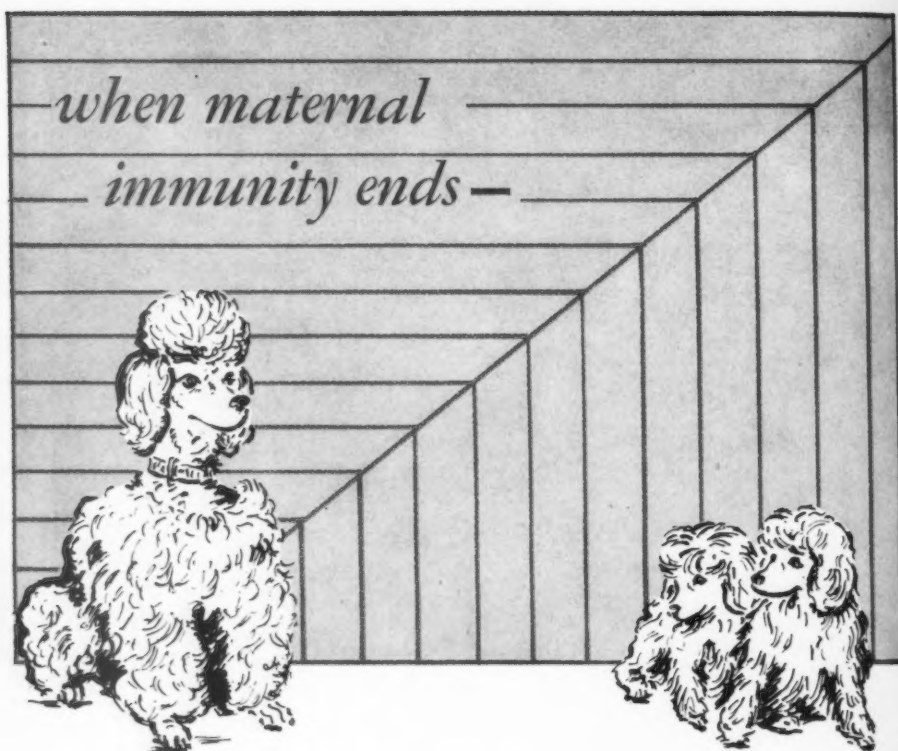


**MIDWINTER
CONFERENCE
PAPERS**

ELECTION RESULTS
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**MARCH-APRIL
1961**

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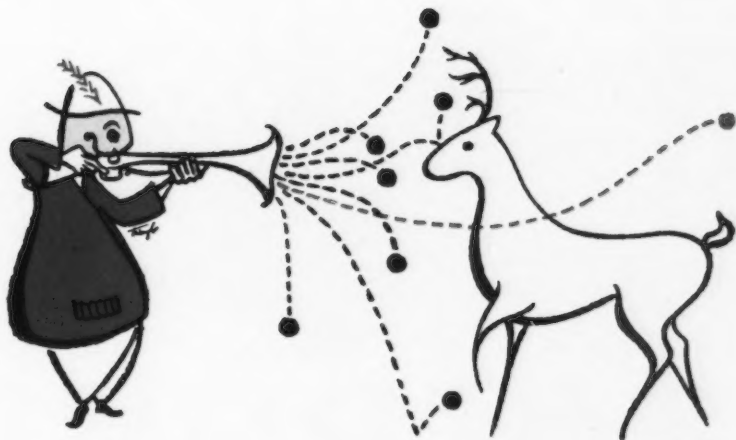
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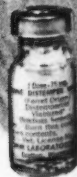


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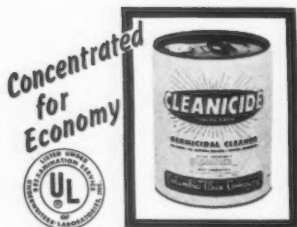
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THE CALIFORNIA VETERINARIAN

MARCH-APRIL, 1961

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Dr. A. G. Boyd Named "California Veterinarian of the Year"

Dr. Arthur G. Boyd, Assistant Director, California Department of Agriculture, was unanimously designated "California Veterinarian of the Year" by the House of Delegates, California Veterinary Medical Association, at the Midwinter Conference.

Official presentation of the award will be made to Dr. Boyd at the CVMA's annual convention in Long Beach, October 23-25.

Dr. Boyd's name will also be submitted to the American Veterinary Medical Association as a candidate for designation by the CVMA as "American Veterinarian of the Year."

A native of Chicago, Dr. Boyd received his D.V.M. degree from the McKillip Veterinary College, Chicago, in 1918. Following graduation, he practiced veterinary medicine in Michigan.

During World War I he was a lieutenant in the Veterinary Corps, U. S. Army, serving both in France and England. Following the war he directed the first animal disease diagnostic laboratory established by the state of Michigan, and also performed laboratory technical work for the Michigan State Department of Public Health. Later he served with the U. S. Bureau of Animal Industry in the supervision of the manufacture of animal biologics.

Dr. Boyd has served as veterinarian in the California Department of Agriculture since April, 1922. He first worked in the field pioneering in the eradication of sheep scabies and bovine tuberculosis. He was promoted rapidly and became Assistant Chief, Division of Animal Industry, in 1952, and in 1953 he was appointed Chief.

During Dr. Boyd's career, he had a leading part in the organization of California's meat inspection system, recognized nationally as a model for other states. He was also identified with the direction of the 1924 and 1929 campaigns to eradicate foot-and-mouth disease.

Dr. Boyd was instrumental in organizing the California Bureau of Livestock Disease Control, regarded as one of the most effective state disease control organizations in the Nation. He had a prominent part in the development and direction of the State's six disease diagnostic laboratories. This system, in many respects, has served as a model for programs in other states.

As a public official, Dr. Boyd was a leader in long and successful campaigns in California to eradicate glanders, sheep and cattle scabies, dourine, vesicular exanthema, bovine tuberculosis, scrapie and, more recently, bovine brucellosis. He has served on several important national committees designated to study the eradication of many of these diseases.

On July 1, 1953, Dr. Boyd was appointed Assistant Director of the California Department of Agriculture. He is also executive secretary of the California State Board of Agriculture.

Last summer the California Wool Growers Association honored Dr. Boyd with a golden sheepskin and made him a member of the "Order of the Golden Fleece." The award was made in recognition of his outstanding service to the sheep industry. (See *California Veterinarian*, September-October, 1960.)

On March 7, 1961, Senate Resolution No. 69 was read in the Senate Chamber congratulating Dr. Boyd upon being named California Veterinarian of the Year. It further resolved that members of the Senate express their gratitude for the outstanding achievements rendered by him to the State of California. The Resolution was unanimously adopted on motion of Senator Byrne.

He is a member of the AVMA, CVMA, and the U. S. Livestock Sanitary Association.



DR. A. G. BOYD

Dean Jasper Receives CVMA Plaque

Dr. Donald E. Jasper, dean of the School of Veterinary Medicine, University of California, received special recognition during the recent conference of the California Veterinary Medical Association.

Dr. E. R. Braun, president of the association, presented an inscribed bronze plaque to Dean Jasper as an expression of the association's gratitude for the dean's many contributions to the profession.

The inscription read as follows:

"To Dean Donald E. Jasper—In sincere appreciation by a grateful association for his loyal membership, interest, devotion, untiring cooperation on committee assignments, and for his dedication to the Veterinary Profession."

A Practical Approach to the Treatment of Pet Birds*

R. W. WICHMANN, D.V.M., Ph.D., *Poultry Health Labs., Davis*

With the inclusion of pet birds in the Veterinary Practice Act of California in 1960 following a ruling by the State's Attorney General that birds were animals, the responsibility for diagnosing and treating these pets was placed with the licensed veterinarian. The amount of experience in this area of veterinary medicine varies widely among practitioners, however with a pet bird population of 23,000,000 in the United States it is to be expected that this area of practice is on the increase.

The largest part of the scientific literature dealing with pet birds deals with clinical experiences and is likely to remain so until the bird industry sponsors a program for research in this field. Until that time, the practitioner will have to evolve his own techniques for diagnosis and treatment based on available information and his own experiences. The purpose of this paper is to offer an empirical approach, in its broadest sense, and to provide a reasonably complete set of references to which the practitioner can refer for more complete descriptions of specific syndromes.

Physical Examination

The first five to ten minutes of the examination may possibly be the most important, for at this time while a complete history is obtained from the client, the patient will usually relax in the environment of the examination room and assume an attitude reflecting its illness. (Even very sick birds will tend to perk up when moved or handled.) Following visual observation, the bird should be removed from the cage and examined for general condition (emaciation, obesity), tumors, external parasites (rare), specific conditions as might be indicated by history (fractures, traumatic injuries, etc.). (Care should be taken *not* to press excessively on the thoracic and abdominal cavities.) At this stage it is possible to classify the disease problem under one of five broad headings and prescribe treatment. These classifications will be discussed together with treatment.

I. General Malaise

Signs: (generally) Ruffled feathers, anorexia, diarrhea, (variable) respiratory distress or excessive salivation (mucous will mat feathers at commissures of mouth and fold of wings).

Etiology: Nutritional deficiencies, specific or non-specific infections or both. (Refer to references for more details.)

Treatment: With exceptions, specific etio-

logical causes cannot be exactly determined. Therefore treatment must necessarily be broad and aimed toward all possible causes.

1. Intramuscular injection of a multivitamin preparation (0.05 cc).

2. Oral administration, four times daily for 5 days, of a combination of antibiotics. Suitable combinations are: (25 mg.) Tetracycline or Oxytetracycline, or Chlortetracycline and (25 mg.) Erythromycin or Novobiacin and (100 units) Nystatin.

The selected combination should be dissolved daily in about ½ oz. of water and administered with an eyedropper in amounts readily consumed (usually 4 to 8 drops) when placed on the outer edge of the beak and allowed to flow into the mouth. Note: Nystatin is important to include with any oral antibiotic because of modifications to intestinal microflora resulting from antibiotic activity. Overgrowth of mycotic species can cause the death of pet birds as rapidly as the disease for which it is being treated.

Procaine penicillin is toxic when administered intramuscularly and should not be used.

Streptomycin or dihydrostreptomycin are also toxic when used in concentrations greater than 1 to 3 mgs (1 mg/20 gms body wt.). Most commercial preparations are too concentrated to make their use practical (exception: PPLO infection in pigeons).

3. Supportive treatment should consist of increasing the environmental temperature to 80-90°F. An adequate diet is essential to continued well being. The following is suggested as a general guide for psittacine birds.

Seeds—Parakeets: millet, canary, oats (unhulled, hulled, or steel cut). (Canary seed is considered more fattening than millet and may be proportioned according to need. Oats may be fed in lesser amounts than the other two seeds.) Parrots: Sunflower seeds.

Greens—(daily) Fresh alfalfa excellent when available, other dark greens such as parsley, carrot or beet tops, etc. are good. Fresh sod is also good.

Fruit—(daily) All are good. (Bananas are a good starchy fruit and often an easy way to medicate parrots. Dip the banana in the antibiotic crystals.)

Vitamins—Seed may be treated with cod liver oil (½ tsp. per cup) and sprinkled with powdered brewers yeast.

Grit—Insoluble grit such as granite, washed coarse sand, etc.

Calcium—cuttle bone, oyster shell, egg shell.

Other—hard boiled egg, cooked liver.

(Continued on next page)

*Presented at Midwinter Conference, CVMA, Jan. 30-Feb. 1, 1961.

Canaries usually prefer a mixture of canary seed and rape seed. They may be less responsive to other feeds but they should be offered.

II. Traumatic Injuries

Fractures are most important under this heading. There are numerous descriptions of corrective techniques. The most important points to remember are:

1. Immobilize completely the broken limb. In the case of a fractured wing, both wings should be immobilized so the bird will not stress the fracture while flapping its free wing.
2. If legs are broken, perches should be lowered for easy access.
3. Fractures repair rapidly and complete healing is usual after 10 to 14 days.

Other forms of traumatism require little discussion. The practitioner can treat them as in other classes of animals. Fortunately birds are not prone to pyogenic infections so normal antiseptic methods usually obtain a good response. Oily preparations or those that will cause a matting of the feathers should be avoided.

III. Tumors

External tumors may be readily diagnosed. The decision to remove these tumors should be based on the general condition of the patient which will also determine the prognosis. In general if the patient is in good flesh the prognosis is favorable and vice versa. There are several choices of anesthetics. Ether may be used (consideration should be given to the anatomy of the avian respiratory system i.e., air sacs) or another that has been successfully used is Equithesin (Jensen-Salsbery Laboratories) which contains chloral hydrate, pentobarbital and magnesium sulfate. The latter is administered intramuscularly at the rate of 0.0022-0.0025 cc per gram of body weight.

The most important consideration in surgery of pet birds is blood loss and all care should be given to prevent it. Increased environmental temperature during the recovery period is also important.

Internal tumors may occasionally be diagnosed by observing a marked distension of the abdomen and the palpation of unnatural masses in this area. Surgical intervention has not been satisfactory.

IV. Parasites

Internal parasites in pet birds are rare. This is undoubtedly due to the lack of intermediate hosts for most of these organisms.

External parasites are also infrequent, the most common being the scaly-face mite *Cnemidocoptes pilae*. This is readily diagnosed grossly from the greyish honeycombed en-

crustations about the face or legs or by microscopic examinations of skin scrapings. No pruritis is evidenced with this mite. Treatment consists of removal of the encrustations and the application of Eurax (Geigy) on alternate days for 5 treatments.

Occasionally red mites or lice may be encountered (rare) and treated by dusting with a mixture of 5% rotenone (cube or derris) 1 part, talc or sulfur 5 parts. The red mite will seldom be found on the bird and the diagnosis will come from noticing the mites on the cage cover. In this case especially the cage should be thoroughly cleaned and the perches treated with a light coat of mineral oil.

V. Miscellaneous

This group includes the feather pickers, overgrown beaks and toenails, egg binding and many other more obvious conditions.

The most common condition however is the feather picker. The etiology is obscure, although many suggestions have been offered. Best results have been obtained by changing the environment and correcting the diet. Changes may consist of removing all the play things in the cage, replacing the dowel perches with small branches of a tree, etc. Or vice versa if the cage is barren.

(For References, see page 34)

Evening Lectures for Veterinarians Being Given in San Francisco

The first in a series of four evening lectures in medicine was given Monday, April 10, at the University of California Medical Center, San Francisco. The series is being presented by the University's Continuing Education in Medicine and Health Sciences in cooperation with the San Francisco County Veterinary Association.

Under the chairmanship of Charles W. Riggs, D.V.M., U. of C. School of Medicine, the lectures will cover the recent thinking in a variety of fields of human medicine and are planned to be of both academic and practical interest.

Program

- April 10—Aspects of Evolution of Zoonoses, by J. R. Audy, M.D., Director, Hooper Foundation.
- April 17—Urology—Diagnostics Techniques, Newer Therapy and Instrumentation, Frank Hinman, Jr., M.D., Associate Clinical Professor of Urology, U.C. School of Medicine, S.F.
- April 24—Orthopedics — Diagnostics Techniques, Newer Therapy and Instrumentation, Verne T. Inman, M.D., Professor, Orthopedic Surgery and Chairman of the Dept., U.C. School of Medicine, S.F.
- May 1—Metabolic Diseases and Steroid Therapy, Vincent Di Ralmondo, M.D., Asst. Professor of Medicine, U.C. School of Medicine, S.F.

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The Role of the Veterinarian in Vertical Integration*

FRED B. PULLING, D.V.M., *Practitioner, Atascadero*

In the past few years many articles about vertical integration have appeared in both lay and professional publications. It is a new term used frequently in various industries but what it describes is not new. Probably the best example of vertical integration in animal agriculture is the broiler industry. The banker supplies the necessary capital to the feed companies, who in turn, supply the birds and feed to the grower. The grower receives a monthly wage and a percentage of the profit for the use of his houses, equipment, and labor.



FRED B. PULLING

Some feed companies, but not all, employ a veterinarian on a salary to oversee the disease control phase of the operation. This vertically integrated method of raising broilers has proved to be most economical and the same plan of operation is being adopted by many livestock owners.

The role of veterinary medicine in vertical integration can be described as preventive veterinary medicine on a contract basis. In some areas, this type of professional service has existed for a number of years. I was first introduced to it in New York State before I attended college. A large dairy farm for which I was working had, for a number of years, retained the services of a local veterinarian on a contract basis. In 1936 the owner turned the dairy into a non-profit corporation and the veterinarian was placed on the board of directors. His professional training enabled him to assist in policy-making, which proved to be a sound economical arrangement both for the dairy and the veterinarian.

Upon graduation I had hoped to develop this type of large animal practice in California, and I did have one dairy under a satisfactory contract for the year that I practiced in Santa Barbara. Upon establishing my present practice in Atascadero I took a positive approach to disease prevention by explaining to the livestock owners the different types of services I could render on a contract basis, with emphasis on early pregnancy diagnosis and treatment of sterility. I soon realized that a great deal of education was needed before I could convince the owners of the value of preventive

medicine on a contract basis. For the past fifteen years I have continuously tried to educate the owners to the advantage, to them, of maintaining a sound disease prevention program which veterinarians can offer.

With the appearance of vertical integration articles in farm publications, the livestock owners are becoming cognizant of the services a veterinarian can perform and the benefits accruing to him in the cost-price squeeze. In many areas, livestock owners have just realized that they have had in their midst a highly skilled person—the veterinarian—and that they have not used the veterinarian's knowledge and skills to the fullest extent. In many instances, the only contact the livestock owner has had with a veterinarian has been through the brucellosis and tuberculosis eradication programs. These programs have made the public aware of preventive medicine and have been an introduction to many potential clients. The livestock owner soon learned through these programs that his profits were increased. Without these disease eradication programs, the practicing veterinarian could not have survived in marginal areas and thus the livestock owner would have been deprived of his professional services.

Undoubtedly the veterinary profession has been derelict in failing to promote this type of private practice because it means selling our services, a technique which is distasteful to many veterinarians. Our code of ethics must be liberalized or modified to remove these obstacles which prevent practitioners from engaging in contract practice. I am not suggesting that we advertise as the tradesmen do, but rather, allow the veterinarian to make personal contacts with his prospective clients.

The individual veterinarian has, in most instances, been eager to render the service of preventive medicine, but being aware of certain deficiencies in his training in genetics, nutrition, business management, and agricultural economics, he has been reluctant to take bold action. The veterinarian should prepare himself with factual information in order to make a firm contractual proposal and be able to justify his services on a dollar and cents basis.

A growing deterrent to large animal practice is the widespread unrestricted sales of drugs and biologics by some pharmaceutical companies who have only the welfare of the stockholders in mind, rather than what is best for the livestock or its owner. In earlier times, tonic powders and patent medicines were popular items. Their therapeutic value was questionable and their sale did not undermine the veterinarian's practice. Today, effective drugs are available to the public and

*Presented at Alberta VMA and Montana VMA, Waterton Lake, Alberta, Canada, June 24, 1960.

their indiscriminate use has made many inroads into practice, and this is where it hurts the veterinarian the most.

Some veterinarians have already met the challenge of vertical integration and have met the situation well. In California a unique approach to herd-health management has been developed and successfully carried out by Dr. Robert Ormsbee of Stockton, who bases his fee on a fixed percentage of the increased profits resulting from the use of services performed.

In order for the veterinary profession to take its rightful place in integrated agriculture we must decide the course to follow and meet the situation with unity, imagination, and vigor. The following recommendations, I believe, should help in meeting this challenge.

First, the curriculum in our veterinary colleges should be broadened to include more courses in genetics, nutrition, farm and feedlot management, and economics. Courses in business management are especially essential to prepare a veterinarian for his role in vertical integration. The formation of an advisory committee of practitioners to advise the faculty of each college would make known the needs of the practitioner. Refresher courses and short courses would be helpful in bringing to the practitioner latest developments which we all need to keep up to date with medical advancements.

Second, the veterinarians in a given area, usually members of the local association, should determine what fees should be charged for contract services in their area. There are two approaches to this important problem: (1) charging on an hourly basis for one's time, or (2) establishing a set amount for a particular service, such as pregnancy diagnosis, on a per head per month or per year basis. Arriving at an equitable fee can best be done at the local level due to varied economic conditions existing in different parts of the country. Active participation in and attendance at Farm Bureau, Breed, and Cattlemen's Association meetings will keep the veterinarian aware of the needs of his clients and result in better liaison with these groups. It is the responsibility of the local associations to alert the state or provincial associations and the American Veterinary Medical Association to their needs.

Third, the state or provincial associations can do much to implement the role of the practicing veterinarian by seeing that the practice laws are enforced rigorously. We should not tolerate any infringement on our rights to practice under these laws. At each session of our state legislature a number of bills are introduced which would, if enacted, create veterinarians by legislation rather than by education. Therefore, a constant vigil must be kept for bills that are detrimental both to the general public and the profession. Joining

forces with the other branches of the healing professions gives more impetus in combating adverse legislation and aids in promoting the necessary laws to protect the public from untrained persons who prescribe for profit rather than for the welfare of the animal and the public health. In California the state association has become an affiliate member of the Public Health League to strengthen its position with the legislative bodies.

Further, the state associations can keep the practitioner alerted to the most recent interpretations of laws governing contaminants. The public has been aroused by the recent findings of antibiotics and pesticides in milk. We veterinarians have been somewhat at fault by not taking our responsibilities more seriously in giving advice regarding residue drugs in milk and meat. We should be cautious in recommending the sale of sick or dying animals to be sent to slaughter. The profession can ill afford any adverse criticism.

The state associations should undertake economic surveys such as Dr. Enge's on feedlot operations showing the economic advantages of preventive programs. These studies will give the practitioner sound data to present to his clients when discussing contract work. Without such evaluations he is at a disadvantage because he cannot support his proposals with facts. These studies will cost money, of course, but it will be money well spent.

Fourth, the American Veterinary Medical Association, through press releases to newspapers and farm publications, has been keeping the livestock owner aware that the veterinarian possesses knowledge and skills that the livestock owner should be using to increase his profits. This educational program must be sustained and, if possible, broadened to increase its effectiveness. The recent articles in *Successful Farmer* and *Feedlot* have aroused the interest of the livestock owner in disease prevention on a contract basis. More articles of this type would be helpful in promoting the position of the veterinarian.

In order for the large animal practitioner to acquaint the livestock owner with preventive veterinary medicine on a contract basis our code of ethics will need some revision to allow the veterinarian to sell this program to the livestock owner. We have in our profession many who feel that the code of ethics should remain as it is and they frown upon any member who would solicit work. At the other extreme are members who disregard the code completely and act in a manner unbecoming to the profession. A modification, stating broad concepts, should be enacted as soon as possible to meet the changing economic situation. When satisfactory changes are made, this code of conduct should be scrupulously

(Continued on page 22)

Laboratory Notes

From the Department of Clinical Pathology, School of Veterinary Medicine, Davis, California

The Prothrombin Time

Hemorrhagic disease or a "bleeding tendency" may be suspected when blood loss is out of proportion to the degree of injury. In a previous communication,¹ several screening tests for hemostatic defects were discussed. The determination of prothrombin activity should always be included in clinical studies directed toward the diagnosis of a hemostatic defect.

There are a number of theories of coagulation, but a detailed discussion of these will not be covered here. In the present dynamic concept, it is generally agreed that there are three distinct phases leading to the clotting of blood: (1) the activation of thromboplastin; (2) the formation of thrombin; and (3) the formation of fibrin. The areas of uncertainty or disagreement lie in phase 1, in which the activation of thromboplastin is brought about by a number of factors including antihemophilic globulin (AHG, Antihemophilia A factor) and the plasma thromboplastin component (PTC, Antihemophilia B factor, Christmas factor). In the second phase, prothrombin is converted in the presence of thromboplastin to thrombin which then in turn (third phase) converts fibrinogen to fibrin and finally the clot is formed. Calcium in its ionized form appears to take part in all phases of coagulation. Thus, in the presence of optional amounts of activators, thromboplastin, fibrinogen and calcium ion, the level of prothrombin becomes the sole variable in this scheme. The prothrombic time test is based upon the assumption that the time required for clot formation, i.e., the prothrombin time, is inversely proportional to the amount of prothrombin present under standard conditions. More information on the prothrombin activity can be obtained by first determining prothrombin times in relation to a series of plasma dilutions and then constructing a curve from which the patient's prothrombin activity may be read in % of normal. In practice, it is usually sufficient to report the prothrombin time of patient and control plasma in seconds. It should be remembered, however, that the prothrombin activity—% vs. time curve is logarithmic rather than linear so that one should not report a prothrombin time determined as above in % of normal activity unless the curve has been constructed.

In clinical studies, prothrombin "activity" is measured by its capacity to form thrombin and the end point is visible as a clot as a result of the conversion of fibrinogen to fibrin. Two different procedures have been used: the two-stage method and Quick's one stage method. The two-stage method is generally too time consuming whereas the one stage method has been of practical value for clinical purposes.

Procedure: Exactly 4.5 ml of venous blood is obtained with a minimum of trauma and transferred to a centrifuge tube containing exactly 0.5 ml. of a 0.1 M sodium oxalate (1.34 gm sodium oxalate per 100 ml.) solution. Plasma is obtained by centrifugation for 4 minutes at 2000 R.P.M. in a clinical centrifuge. One tenth ml. of this plasma is then pipetted into 0.2 ml. of a previously prepared mixture of equal volumes of thromboplastin and 0.0125 M CaCl_2 . Thromboplastin and CaCl_2 solutions are readily available commercially. Timing is begun at the moment the plasma is transferred and the time required for visible clot formation is recorded in seconds. It is important that technical details be followed carefully and that temperature be controlled by performing the test in a 37° C water bath. It is also equally important that a control sample of plasma be run simultaneously. The following normal values for several species may be used as a guide in assessing the reliability of the test: Dog, 8-13 sec., Dairy Cattle, 23 ± 4.42^2 , and Thoroughbred Horse, 9-12 sec.⁴

The determination of the blood prothrombin activity can be of great diagnostic significance in a number of animal disease conditions which are associated with lowered prothrombin activity. It is well known that prothrombin activity is decreased by dicoumarol (damaged sweet clover) poisoning of cattle. In addition, this test is of value in following the course of anticoagulant therapy using this agent. Prothrombin activity is also decreased in avitaminosis-K (nutritional or impaired absorption due to lack of bile salts, i.e., biliary obstruction). Since prothrombin is synthesized by the liver, it also follows that lowered prothrombin activity is a sequel to liver disease.

J. J. KANEKO

Thanks, "Allied Veterinarian!"

The January-February issue of *The Allied Veterinarian*, published by Pitman-Moore Company, Indianapolis, contained a four-page picture and story spread on a CVMA project.

The sincere thanks of the association go to Pitman-Moore Company, Dr. R. V. Johnston, Larry Welch and the editors for the generous presentation.

¹Kaneko, J. J.: "Rapid Tests of Hemostatic Defects," *Calif. Vet.*, 22 (1960); Jan.-Feb.

²Rowell, H. C., Downie, H. G., Mustard, J. F., Leeson, J. E. and Archibald, J. A.: "A Disorder Resembling Hemophilia B (Christmas Disease) in Dogs," *J.A.V.M.A.*, 137, No. 4 (1960), 247-250.

³Jones, W. G., Hughes, C. D., Swenson, M. J. and Underbjerg, G. K. L.: "Plasma Prothrombin Time and Hematocrit Values of Blood of Dairy Cattle," *Proc. Soc. Exp. Biol. & Med.*, 91 (1956), 14-18.

⁴Kaneko, J. J. and Wheat, J. D.; unpublished data.



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Disposition by Veterinarians of Animals in Care

The Legislative Committee of the California Veterinary Medical Association met with Senator Walter W. Stiern of Kern County on Saturday, January 28, 1961. One subject of discussion at the meeting was what veterinarians can do to protect themselves from people who cannot be found after bringing an animal to a veterinarian for treatment or for boarding.

The discussion of this question brought out that there are at least three ways a veterinarian can dispose of the animal without becoming liable to the owner. First, the veterinarian can provide for the disposition of the animal in a contract with the owner at the time the owner brings the animal to the hospital. Second, the veterinarian can follow the instructions of his insurance company if he insures against liability of this kind. Third, the veterinarian can sell the animal at a public auction if he follows the provisions of section 3052 of the Civil Code.

Contract

Under the contract procedure the owner would agree to allow the veterinarian to sell or to destroy the animal under certain conditions. These conditions should be carefully stated to protect the interests of both the owner and the veterinarian. Here are some of the points to be considered in drawing up a contract of this kind:

1. How much time should elapse between the time the owner leaves the animal with the veterinarian and the time the veterinarian obtains the right to dispose of the animal?
2. How much time should elapse between the time the owner last calls at the office of the veterinarian and the time the veterinarian obtains the right to dispose of the animal?
3. How much effort should the veterinarian expend in trying to find the owner? A single telephone call? Notice by ordinary mail? Notice by registered mail? This point should be spelled out in the contract.

Insurance

One of the members of the Legislative Committee insures against liability for destroying an animal. He reported that the insurance company will defend him in any action growing out of the destruction of the animal and will pay any judgment obtained in the action if certain procedures relating to the destruction of the animal are followed. These procedures are as follows:

1. The veterinarian must send notice of the proposed disposal to the owner of the animal. This notice must be sent by registered mail.

2. The veterinarian must turn the animal over to a public agency. The veterinarian must not destroy the animal himself.

Civil Code Section 3052

Veterinarians have a possessory lien for the amount due them for "caring for, boarding, feeding, and medical treatment of animals." (Civil Code sec. 3051.)

This means that a veterinarian does not have to surrender possession of the animal until the owner pays the bill. It also means that the veterinarian can sell the animal to satisfy the debt.

The veterinarian must, however, follow the procedure prescribed in the Civil Code for the sale of the animal. This procedure is as follows:

"If the person entitled to the lien provided in section 3051 of this code be not paid the amount due, and for which said lien is given, within ten (10) days after the same shall have become due, then such lien holder may proceed to sell said property . . . to satisfy said lien and costs of sale at public auction, and by giving at least ten (10) but not more than twenty (20) days' previous notice of such sale by advertising in some newspaper published in the county in which said property is situated; or if there be no newspaper printed in such county, then by posting notice of sale in three (3) of the most public places in the town or place where such property is to be sold, for ten (10) days previous to the date of the sale." (Civil Code, sec. 3052.)

This procedure constitutes a third way for a veterinarian to dispose of an animal when the owner cannot be found. The person who purchases the animal at the public auction will become the owner and can dispose of the animal in a lawful manner.

It should be noted, in considering the veterinarian's lien for services, that the excess of the lien over \$200 is invalid if the request for services is made by someone who does not own the animal. This limitation does not apply, however, if the veterinarian gives notice by registered letter or by personal service to the owner of the animal before the veterinarian performs the services requested.

After discussing these three methods of disposing of animals when the owner cannot be found, the committee seemed generally agreed that legislation on this subject is not needed. The committee recognized that disposing of the animal does not solve the veterinarian's problem. The owner still owes the veterinarian for the care and treatment of the animal. This problem, however, is no different from the problem of many creditors.

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*Weberlein, M.K., et al.: J.A.V.M.A. 134:518-519 (June 1) 1959.

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Veterinarians Not Required to Purchase Hypnotic Drug License Under New Regulation

Veterinarians may purchase hypnotic drugs without having a hypnotic drug license, if they purchase the drugs from a licensed pharmacy and if the drugs are administered directly to an animal.

This is the effect of a regulation of the Board of Pharmacy which became effective January 1, 1961. This regulation is a clarification of section 4226 of the Business and Professions Code which provides that the dangerous drug act "does not require a license from and shall not apply to or interfere with a physician, dentist, chiropodist or veterinarian in administering hypnotic drugs to his own patients. Such hypnotic drugs shall be administered only by the physician, dentist, chiropodist or veterinarian."

The regulation of the Board of Pharmacy provides as follows: In order to provide physicians, dentists, chiropodists, and veterinarians with hypnotic drugs for administration to patients in compliance with sections 4213, 4216, and 4226 of the Business and Professions Code, a licensed pharmacy may furnish hypnotic drugs to such practitioners, upon receipt of an order giving the date, address, license classification, and name of the practitioner; the name, type, strength, and quantity of the hypnotic drug so ordered; and the words: "FOR ADMINISTRATION TO IMMEDIATE NEEDS OF PATIENTS." Such order shall be placed on a separate file in the pharmacy as a record of the drugs so furnished. 16 Cal. Adm. Code, Section 1745.

It should be noted that the regulation applies only to a licensed pharmacy. The regulation does not provide a means for a wholesaler to provide hypnotic drugs to veterinarians, unless the wholesaler is a licensed pharmacy.

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Report on a Short Bovine Anesthetic*

BURWYN RICHARDS, D.V.M., *Practitioner, Santa Rosa*

A fast acting, short duration anesthetic for the bovine is often needed. A method combining a tranquilizer and an ultra short acting anesthetic has been found to produce a satisfactory effect. The tranquilizer used is Diquel and Surital Sodium the anesthetic agent. When the combination is used in proper sequence a safe, light anesthesia occurs. The duration of anesthesia lasts only 7 to 10 minutes but is quite satisfactory for minor teat and eye surgery, hoof trimming or other conditions where proper restraint is difficult. Any size bovine can be safely restrained without aid of ropes, restraining gear or extra manual help.

Both agents are used intravenously. Diquel (50 mg. cc) is used, and a 4% solution of Surital Sodium. A 15-gauge 2-inch needle is placed in the jugular vein and the Diquel is rapidly injected, and without further delay the Surital Sodium is injected. Care must be taken so that the animal's head is free of the stanchion, and the nose tongs or halter can be rapidly released. The effect is rapid and the animal falls easily to the ground. The animal will be laterally recumbent for 7 to 10 minutes.

Animals weighing 500 to 800 lbs. are given 3cc of Diquel and 1 gram of Surital Sodium; animals 900 to 1000 lbs. 4cc Diquel and 1.5 grams of Surital Sodium; animals 1100 to 1500 lbs. 5cc Diquel and 2 grams of Surital Sodium.

*Presented on Closed Circuit TV at Midwinter Conference of CVMA, Jan. 30-Feb. 1, 1961.

Upon recovery the animal will right itself and remain on its sternum for a variable period of time (15-25 minutes). One should be quiet and not attempt to force the animal to stand. They can easily get to their feet by themselves. The animal on recovery from the anesthetic will react as any tranquilized animal.

When precise surgery is performed it is desirable to infiltrate the area with a local anesthetic as the anesthesia is relatively light and the analgesic effect may not be as much as desired.

There has not been a single death or complicating after-effect in its use on at least 75-80 animals ranging from small heifers to mature beef and dairy bulls. Bloating has not occurred due to the short duration. Care must be taken so that the same syringe is not used for the two drugs, as they are not compatible. The sudden and dramatic effect is due to the rapid administration in the proper sequence. Once the animal is recumbent, prolonged anesthesia can be maintained by controlled infusion of Surital Sodium to effect.

The use of this particular anesthetic in the bovine allows one to perform a more professional service in diagnosis and treatment where restraint of the animal becomes a problem. It is not expensive and is a timesaver. It has no harmful after-effects upon the animal and allows the veterinarian to accomplish hazardous services with safety and without requiring extra manual help.

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Role of Veterinarian

(Continued from page 15)

observed. Ethical conduct, within the profession, is essential for our survival.

The AVMA should conduct surveys similar to those conducted at the state level. Also, efforts to continue brucellosis and tuberculosis eradication programs should be pursued with vigor. Every avenue that will aid the profession should be explored and continuously pursued.

It is my feeling that the veterinarian is in an enviable position in the matter of vertical integration. He is the only one properly trained to do this type of preventive medicine. But—we cannot afford to be complacent. A concerted effort on our part to meet and cope with vertical integration will result in the need for more veterinarians as his knowledge and skills will be utilized to the maximum. Veterinarians are a small minority group, so we must unite and be more vocal in our needs. We will have to take vigorous action for what we want. We have the tools with which to work, so let us face the future with optimism and determination.

Welcoming Remarks—1961 CVMA Midwinter Conference

D. E. JASPER, *Dean*

Chancellor Emil Mrak will be here somewhat later this afternoon to extend his gracious welcome to the Davis Campus. At this time I wish to assure you that Chancellor Mrak is vitally interested in the development of the School of Veterinary Medicine to the point that its supremacy in the quality of teaching, achievement in research, and service to the veterinary profession and the people of the State will be unchallenged.



DR. D. E. JASPER

We have found Chancellor Mrak to be vitally interested in learning of the needs of the veterinary profession and of the School and keenly sympathetic toward meeting them. With this refreshing attitude on the part of the local University administration, I look forward with confidence to real progress in meeting the needs of the profession and the State in the broad areas of responsibility encompassed by Veterinary Medicine. In future years I trust you will have the opportunity for a close personal acquaintance with Chancellor Mrak.

Tremendous challenges and responsibilities face all of us in veterinary medicine. Some concern primarily the man in practice. Others are the principal concern of our important regulatory or defense agencies. Some rest heavily upon the Schools of Veterinary Medicine. Whatever the problem, it faces all of us and we are all involved, for the performance of one segment of our profession reflects on each of the others.

We at the School face a continuing problem of curriculum. How can we provide the students with an adequate understanding of the greatly increasing fund of basic medical science knowledge which is absolutely essential if the veterinarian is to be able to "think" intelligently about medical problems? How can we prepare the student adequately for the differing careers upon which he will be embarking, the number and variety of which have increased greatly the past few years? How can we provide increased time for clinical experiences, the development of the "art" of practice, or of the essential business knowledge which varies so much from one kind of veterinary enterprise to another? How can we insure competence in the details of hus-

bandry and management of a host of domestic, wild, and laboratory species? Should a degree of specialization be provided for the undergraduate student, as some advocate? Should one or more years be added to the curriculum? And if so, where? Preveterinary preparation? Clinical practice? Internship after graduation? The problems are real and the proper solutions are not clear.

At the last two conferences I referred to our efforts in the realm of continuing education for graduate veterinarians. This is one of the greatest needs if the profession is to maintain or improve the quality of services to society. Your School of Veterinary Medicine has the obligation to provide leadership in this program, and we are trying. Successful short courses have been given the past few years but they have been far too few in number and far too limited in scope of subject matter.

The veterinarians in the Agricultural Extension Service have been encouraged to spend more time helping the practitioner on a professional level. In this way the value of his counsel is reproduced many times through the practitioner as he helps his various clients.

Conferences, such as this one today, are exceedingly helpful in meeting certain professional needs. But we still lack the detailed attention and participation in smaller groups which are essential to the continued development of specialized skills and knowledge. With your help and encouragement we must find ways to meet this challenge.

Research is expanding in traditional areas but must develop rapidly in other areas too. The fact that the Atomic Energy Commission has chosen this School for perhaps the most critical qualitative and quantitative experiment in this country which relates to the hazards to man of ingestion of radioactive fallout materials is just one example of the highly variable and highly important research that veterinary institutions are being asked to undertake. A comparative cardiovascular project is under consideration here. The most recent \$64,000 question to be asked here concerns the nature and significance of lymphosarcoma in cattle, a question which is backed by an annual budget of \$64,000 from Federal funds and another \$20,000 provided by the dairy industry. After years of effort we see the possibility of \$600,000 being made available for research animal facilities during the next two years. A request has been submitted to NIH which would bring the total to well over \$1,000,000.

An area which is encouraged and must develop rapidly in the next few years is a center for Small Animal Disease Research. We are requesting a training grant which

(Continued on next page)



DR. B. H. DEAN
Third Vice-President

Election Results

CVMA OFFICERS FOR

1961-1962



DR. J. B. CARRICABURU
Delegate, AVMA

The five members whose names appear below were duly appointed and met as official tellers in the CVMA office at 2 p. m., Saturday, April 1, 1961, as prescribed in Article XIV, Constitution and By-Laws:

The following doctors were elected as officers of CVMA for the fiscal year 1961:

President ERNEST H. HOUCHIN
(Elected in the 1960 election)

President-Elect R. L. COLLINSON

First Vice-President ... WILLIAM W. PUTNEY

Second Vice-President WILLIAM E. STEINMETZ

Third Vice-President B. H. DEAN
CVMA Delegate to the AVMA

JOHN B. CARRICABURU

The official records and ballots of the 1961 election are kept on record in the Executive Secretary's Office for one year, and are available for inspection by all members.

Respectfully submitted,

By JOSEPH M. ARBURUA, Chairman
Board of Tellers

A. L. GILGER

B. M. McWHINNEY

EDWARD C. BLAND

P. H. HAND

Members of the Board

would provide graduate positions for persons in the clinical sciences. Some of these will concentrate on small animal disease problems. We also anticipate a sizable bequest and others are possible. With such funds at hand for beginning such a research center it is virtually certain that other funds can be attracted which would establish a small animal disease research center of great achievement and tremendous benefit to the profession and the public.

In all these matters of education, research, and public service we covet your counsel and support. Under the leadership of Presidents Ozanian and Braun and with my strong support a Professional Advisory Committee has been formed under the chairmanship of Dr. Bradley Crundwell. This is, I believe, a great forward step and I strongly urge that this Committee undertake its responsibility with the full intention of working conscientiously and regularly in providing the kind of infor-

mation, guidance, and consultation, both to the School and to the profession, which will help us all to meet our common responsibilities. I am greatly heartened and congratulate the Association upon the wisdom of their advice to the University concerning the appointment of my successor as Dean.

Now I wish on my own behalf to bid you welcome to the Conference. Dr. Rhode has arranged a program which we hope will be both interesting and profitable. To those of the Association who have provided valuable assistance we extend our thanks. To all who come to join with us we acknowledge with appreciation the time you have taken from your practice in order to achieve a greater competence for rendering service. To all we pledge our desire to work with you, for you, and through you, that veterinary medicine may meet the challenge of today and secure the future for achievements beyond our current comprehension.

International Tuberculosis Situation*

A. F. RANNEY, D.V.M.

Chief Staff Officer, Tuberculosis Eradication Section, ADED, ARS, USDA, Washington, D.C.

In late September and early October, 1960, representatives of twenty countries attending a symposium for the Eradication of Tuberculosis in Livestock in Rome, Italy, agreed on basic conclusions for tuberculosis eradication. These conclusions coincide with the basic procedures that apply to our program in the United States. The number one conclusion was a recommendation that control and eradication schemes should be based on the tuberculin test.

Several European countries have, in recent years, made remarkable progress toward the eradication of tuberculosis. Livestock sanitary officials in various parts of the world are watching with interest the progress made in countries that have adopted the so-called radical test-and-slaughter procedures in eliminating tuberculosis from livestock.

Conscientious livestock sanitary officials generally are recognizing the need for thorough epidemiological studies in connection with tuberculosis eradication. Special consideration is given to bovine tuberculosis in humans that may be transmitted to cattle. This problem is most frequently encountered or recognized in countries that have rapidly reduced the incidence of tuberculosis in cattle from a relatively high to a very low level. Human type tuberculosis in people and avian infection in poultry are recognized along with paratuberculosis as factors that cause cattle to respond to the tuberculin test. Tuberculosis in other animals that may associate with cattle cannot be ignored. While other factors such as the "unclassified" mycobacteria are sometimes believed to interfere with the results of the tuberculin test in cattle, their true significance has not been established.

The lack of standard tuberculin used and the variety of procedures applied in conducting tuberculin tests make it most difficult to draw scientific conclusions as to the true status of tuberculosis in one country as compared to another.

In this country the tuberculosis eradication program which began in 1917 and which resulted in our gaining a national modified accredited status 23 years later has been hailed world-wide as a major accomplishment. The slaughter of tuberculous cattle responding to the tuberculin test has been universally recognized as an effective procedure for the eradication of this much dreaded disease. However, due to economic factors many countries have not adopted these progressive measures.

We have talked about tuberculosis eradication for approximately half a century. What do we mean by eradication? The following definition recorded by Dr. Fred L. Soper, former director, Pan American Sanitary Bureau, in the August 15, 1960, issue of the *Journal American Veterinary Medical Association* is worthy of special note: "Eradication . . . refers to the complete disappearance of all sources of infection of a given disease agent, so that no recurrence of that disease is possible, even in the absence of all preventive measures. Local eradication indicates the elimination of all sources of infection from a given area, so the disease does not recur unless reintroduced from outside the area." This appears to be a most fitting definition.

In the same article Dr. Soper refers to a statement made in 1888, a few years after Robert Koch discovered the tubercle bacillus. Charles V. Chapin, a public health leader in referring to tuberculosis pronounced the following dictum: "If we can prevent the spread of contagion at all we can prevent it entirely."

Dr. Soper's definition and Chapin's dictum can readily be applied to hundreds of herds in this country where tuberculosis was once a serious problem. But we have reason to question whether any State could at the present time qualify as tuberculosis free according to this definition. There is reason to believe that we can eliminate the spread of tuberculosis if we dig in and apply the principles of disease eradication known to us.

After observing the different standards in various countries, one cannot help but be impressed with the importance of following recognized standard procedures in all parts of this country if we are to arrive at scientific conclusions by which to evaluate our accomplishments toward eradication.

New Members on Board of Examiners in Veterinary Medicine

Governor Edmund G. Brown has appointed Dr. Jack Kohler, Oakland, and Dr. Jean R. Edgar, Bakersfield, to the Board of Examiners in Veterinary Medicine.

Dr. Kohler, a small animal practitioner, graduated from the University of California in 1952, and has been a member of the CVMA since that time.

A graduate of Washington State, 1926, Dr. Edgar has been a member of the CVMA since 1947. He also is a small animal practitioner.

*Abstract of Presentation at Midwinter Conference, CVMA, Jan. 30-Feb. 1, 1961.

News...

FROM OUR ADVERTISERS

Wayne Howser has been appointed director of sales of the Veterinary Department of **Winthrop Laboratories**, it was announced by Dr. C. E. Fanslau, director. Mr. Howser received his B.S. degree from the University of Illinois College of Agriculture. He will make his headquarters in New York.

* * *

The first broad spectrum, multivalent staphylococcal toxoid is now available through veterinarians. This new product, developed by **Jensen-Salsbery Laboratories, Inc.**, is named **STAPHOID A-B**. Dr. I. M. Paton, Director of Professional Relations at Jen-Sal, says, "this remarkable new development in veterinary research gives dairymen a sensible, effective and reliable tool for herd vaccination to control staph infections, which are responsible for the most serious and difficult to treat types of mastitis."

Staphoid A-B was developed from an international collection of 101 staphylococcal strains isolated from the udders of cows affected with mastitis. It is based on strains of staphylococci routinely found in chronic staphylococcal mastitis, as well as antibiotic resistant strains.

* * *

A combination vaccine to combat both enteritis and clostridium botulinum in mink has been introduced by the Animal Health Department, **Armour Pharmaceutical Company**.

The product, called Vaxoid, is to be given to kits 8 to 10 weeks of age, and to breeding stock about one month before breeding. One dose of 1 cc. of Vaxoid gives equally good protection as that resulting from the same amount of the separate vaccines.

Maximum levels of immunity are reached within two to three weeks following vaccination and immunity will extend through pelt-ing time.

* * *

A programed attack on the disease problems that plague poultry and livestock producers has been organized by **American Cyanamid Company**.

Known as the Coordinated Feed-Health Program, the plan points out the importance of the veterinarian to the feed manufacturer and farmer. As a highly trained consultant, the veterinarian is essential to the program, and to every producer who realizes that the road to improved livestock and poultry health is also the road to improved income.

* * *

An effective two-way treatment of ringworm in dogs and cats is now possible with the introduction of a topical antifungal preparation by **Schering Corporation's** Veterinary division.

In Memoriam

MRS. BETTY ROBERTS

Mrs. Betty Roberts, wife of Dr. Irving M. brother, Dr. Jerry Gray of Oakland. Mrs. Oakland, March 21, after a brief illness. Survivors include Dr. Roberts; a son, Neil; a sister, Mrs. Estelle Schultz, of Long Beach; and a brother, Dr. Jerry Gray of Oakland. Mrs. Roberts was a member of the Alameda-Contra Costa Women's Auxiliary, the CVMA Women's Auxiliary and the AVMA Women's Auxiliary. Funeral services were held March 23 at the Home of Eternity Chapel, Oakland. Mrs. Roberts was a native of New York.

FRANK PELLISSIER

Pioneer dairyman Frank Pellissier passed away on March 18 at the age of 88. He established his dairy in Southern California in 1895. His ranch was on a 50-acre property at the east edge of the Whittier Narrows. The ranch has grown until it occupies several thousand acres in the Puente Hills. The dairy in recent years has been operated by the four Pellissier sons, Frank Jr., Leon A., Laurance R. and Robert E. He leaves eight grandchildren and 20 great-grandchildren. Long a friend of California veterinarians, Mr. Pellissier was voted an Honorary Member of the CVMA in 1954.

Fulvidex Aerosol kills or renders inactive fungus organisms present on outer layers of hair and skin. The aerosol spray is specifically designed to complement the internal activity of Fulvicin tablets which were introduced by the pharmaceutical company in 1959. The new product combines griseofulvin with undecylenic acid, a proved fungicide.

* * *

The order requiring dipping of Texas cattle, adopted by California last December, allows the use of the following dips: "toxaphene (0.5%) . . . lindane (0.075%) . . . lime and sulphur, or nicotine sulphate." The product Lintox-X Livestock Spray and Dip is listed as a permitted dip, and is specifically acceptable to the State of California. Lintox-X is available through ethical distributors representing **Vet-Kem Laboratories** of Dallas.

* * *

To meet increasing demand for its new coccidiostat, "Amprol," **Merck & Co., Inc.**, announced it will expand production facilities for "Amprol" by 50 percent.

Enthusiastic acceptance by the feed industry has necessitated prompt action to increase production capacity. Orders have been accelerating since "Amprol" received FDA antibiotic clearance in early December, and the scheduled expansion will enable supply of this new coccidiostat to keep pace with demand.

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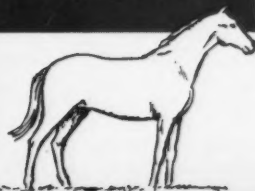
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You Can Defend Your Fee Schedule—Or Can You?*

F. P. SATTLER, D.V.M., *Practitioner, Fullerton, Calif.*

For the past several years I have been in the rather fortunate situation where I have had the opportunity to travel the width of the United States two or three times a year. This has given me the opportunity to meet with practitioners in many areas. Any time you think we have problems in California, I can suggest a few parts of the country where in a moment you can find that we have relatively few.

Sooner or later the discussion turns to fee schedules. "How much do you get for this, for that? How much do you think you can get?" I have attended meetings with veterinarians and never have I heard them say that doing a certain procedure costs so much and we are entitled to a reasonable profit for this. Talk has always been based on "I think I can get that much and, By Golly, I've got something that they can't do themselves and they are going to pay," or "All right, if I have to lose I'll have to lose, because I just can't get that much."

I hope today not to attempt to tell you how much to charge because I think this is a local problem; but I have a few thoughts, not necessarily original, but things you might consider when you think about the fees you charge today. First, what is a fee? I think a reasonable fee is an equitable return for a service rendered. This must vary from area to area. Current fees being charged in our hospitals are far different from the fictitious fee schedules that our associations formulate in the hope that someone will follow them. Recently a friend of mine said "I just came from a meeting on fees and the men sat there nodding their heads 'Yes, I think we should and I will.' and I know they are lying. I suggested he have his receptionist call four or five representative hospitals and see what they would reply to a few common shopping questions. He was right. They were all hedging. This points to the fact that a fee schedule as such is an ideal; something we should strive for and look toward. There are many veterinarians giving services well worthy of their local fee schedule and more. In most groups a schedule calling for \$10 will in the average case command \$7.50 to \$8.00 but only rarely \$11 or \$12. This is a



FRED P. SATTLER

very important consideration in any discussion of fees.

In some way these fees must be related to the cost of the service. To my knowledge in not one case is this so. Eventually this has to be related to somebody's net income. While this is an entirely separate topic, we can assess the value of your property (hospital) very quickly. You can go to an investment company and say "If I invest \$50,000 with you how much a year net should I expect?" and they will tell you that for this type of business probably 15 percent or 20 percent; in the proprietary human hospital maybe 40 percent or 50 percent. This means that if you have a \$50,000 investment in a hospital, you should be able to do absolutely nothing and take home at least \$7,500. This is your investment and purely a return on the investment. Your time is worth something. If you figure your time at, for example, \$30 an hour for the time you are actually practicing veterinary medicine, and you will find that it is very difficult in an 8 or 10-hour day to actually work more than four hours of this time, for a 5-day 48-week year you will find that this gross labor return of \$28,800 will net you between \$10,000 and \$15,000 depending on your efficiency.

How well do your fee schedules support your staff? Are you proud of the people who work with you? Are you proud of the people who meet your clients? How well does this support your physical plant? Have you ever thought what \$50 a month increase in fees applied to a professional cleaning firm might do? Or what air conditioning might do for both your patients and your clients, as well as the patience of yourself and your staff? Above all these fees must be set to allow the veterinarian to do not only an ethical but technically acceptable job in his practice.

I would like to discuss four typical situations needing consideration. The first is an office call. An office call is the basis of every practice, yet few of us have considered separately the elements that make an office call. Immediately it means a thorough examination of a problem, a certain amount of time, the office facilities, some remedial measure. For those of you who would like to think you make enough on the drugs you use in treatment or dispense at this office call at a one-third markup, you must first understand the proper application of your markup. Very simply, if you buy an item for \$5, mark it up 50 percent to \$7.50, the margin of profit on the dispensing price is 33 1/3 percent. If you buy an item for \$5, mark it up 100 percent to \$10, the margin of profit is 50 percent. This is quickly reduced to 40 percent by tax, shipping, telephone order, etc. It would be nice to have a simple

*Edited transcription recorded at CVMA Midwinter Conference, January 30 to February 1, 1961.

plastic circular computer showing the number of units, the cost per unit, and arrive at the price depending on the percentage of profit, not markup, that you wish to have. Drug stores have learned that to dispense anything costs them between \$1.00 and \$1.50. To this is added the cost of the item being dispensed plus a reasonable profit—generally 40 percent to 50 percent.

Sears, in a recent cost accounting, found they could justify operating if they could buy an item for 57 cents and sell it for \$1. Don't compare your ability to merchandise to Sears. Human hospitals that have been cost-accounted know that any injection costs \$1.50 to \$2 to administer, plus the drug cost. There is a charge to sterilize, nurse's time, disposable syringe, alcohol, cotton, etc. These basic findings do not vary much for a veterinary practice.

Along with these immediate items comprising an office call you have an implied obligation. You have contracted with a client for the care of their pet. This makes you tolerant at 3:00 a.m. when your distressed client calls—whether satisfied with comforting words of advice or an emergency trip to your hospital. This is your client, not someone you refer to the Association night duty man. If you charge \$10 for this emergency call you make at midnight and this call will take about an hour, the remainder of your value for this hour and loss of sleep must be defrayed through the regular office call fee. This obligates you to keep your facility well-equipped for any eventuality. This makes you responsible to see that someone adequate is available when you are not. You have contracted with someone to care for their pet and this is an obligation that sometimes veterinarians do not fulfill conscientiously. But it still remains a vital part of your client's implied contract.

Let us now discuss vaccinations. This involves a lot of difference of opinion. We all ask "Why are the fees for vaccination at their present level?" I have been told that thirty years ago it was common to vaccinate a dog to protect it from distemper by giving it three killed tissue suspension injections at \$3 each for a total of \$9. Twenty years later, with an egg adapted modified live virus, or even earlier with the ferret adapted virus, a more expensive vaccine became available that apparently would do the job with one injection. It seemed reasonable that this then should total \$9. The hepatitis vaccine came along and at first was, and in many cases still is, given as two single injections for \$3 or \$4 each. Then with the one injection hepatitis vaccine it seemed reasonable that the cost here should be the same total or \$8. The three injections of killed tissue vaccine then increased from \$3 to \$4 and now \$5 or \$6 each or a total of \$15 to \$18 for the combined distemper-hepatitis series. It is then logical to the client at least

for the modified live virus vaccines to total the same.

Most fee schedules today attempt to keep the total cost of the various methods the same or similar to allow the doctor a choice of methods, based on individual need and not slight fee differences alone. Unfortunately we have failed to realize that when we give these vaccines several at one time we are charging our clients for more than one office call. In my own office our current vaccination program costs my client \$29.00 for four vaccines. I know I can justify this when each of these vaccines is given separately and as a separate office call. If we are to make a 50 percent profit from a perishable product, and this seems reasonable, and if we charge \$4 for an office call, it comes pretty close. But in the isolated case where someone requires more than one of these at one time, our time, material, cost plus profit reasoning falls apart. It might be considered a breach of ethics to give vaccine one day for \$10 as a primary inoculation and to administer the same vaccine six months later as a booster for \$5. This is happening in some parts of the country where the doctor does not feel justified in charging the recommended fee when the vaccine is used as a booster. So long as an inoculation is accompanied by a proper examination, a discussion with the clients of the problems involved in the care of the animal, a proper survey of the recent history, an adequate written health record to go with your client, you have easily provided service enough for a charge of \$4 to \$5. You may charge off the vaccine as you wish and figure the profit above cost to suit conditions in your part of the country. You need not worry about people coming in with the vaccine from the drug stores if you understand your basic fee structure. The druggists must use essentially the same markup.

The third thing I would like to discuss is a routine surgical case. You are presented with a twelve-year-old female dog that has not been eating well. This is a case where a thorough examination is necessary, with an adequate discussion of each finding. From this type of examination you may find that the greater part of your practice has been going through your office unnoticed. After a thorough examination, a discussion of the diet and weight of the patient and recording of these and other factors, you decide that dental work should be done. As a preliminary you give an intramuscular antibiotic injection, a pre-anesthetic agent, and finally general anesthesia. You perform the dental surgery, see the dog through recovery, and assuming that this dog was clean enough to enter your surgery as presented to you without your giving him a bath first, see that the patient is presentable following recovery from anesthesia. Most fee schedules would call for a \$5 to \$10

(Continued on page 32)

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**Today's only
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Until today, every whole culture bacterin available for leptospirosis immunization has contained as much as 10% rabbit serum—an ingredient which has been proved responsible for an increasing number of anaphylactoid reactions in vaccinated animals.

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VETERINARY



Your Fee Schedule

(Continued from page 29)

charge. Either we are losing a lot of money on this, or we are not doing these things. Is it possible that many dogs are undergoing general anesthesia without examination? I do not think this fee can be justified. This fee should be \$20. If your client ever figures the cost in his own mind of the things you said you would do for him, he'll soon find someone else. Quite obviously you cannot do all these things for \$5 or \$10.

The fourth thing I would like to mention is an elective surgery, a spay. Assuming you have not examined this six-month-old dog previously, you would not take the dog into your hospital without a thorough examination, a search of the vaccination history to determine whether or not this animal might be coming into your hospital in other than perfect health, a discussion with the owner of what is to be done and how you are going to go about it, fees, post operative care, etc. After admittance to the hospital facility the patient should be prepared for surgery by first having a bath and debugging. One gross inadequacy in many veterinary colleges is the failure to teach us about cleanliness. I don't recall having to bathe and comb out a dog before surgery as a student. Next time a comparatively clean short-haired dog comes in for surgery, give a pre-surgical bath and do the bathing yourself. Watch the dirty water and blood run off with the fleas and, if you do not routinely bathe your surgical patients, try to visualize the things your drapes are covering. After this pre-surgical bath the animal is administered a pre-anesthetic agent, general anesthesia is given, an adequately equipped surgical unit is used, as well as your time and skill. After surgery and post-recovery clean-up the patient is sent home. An office call is scheduled to remove sutures. We will allow one or two telephone calls to discuss the dog's behavior. The average fee scheduled for this type of service is \$12.50 to \$15. This I do not think can be justified. Too often the fee is justified by reducing services to meet the fee.

Several approaches can be considered to alleviate these problems. We must maintain a recommended fee schedule at an ideal level. We should set these ideals at a point where we feel the average veterinarian can do an ethical job, a clean and technically acceptable job. Rather than talk about lowering fees, we should direct our efforts toward improving our services to justify these fees as scheduled in office procedures and toward raising them to merit services rendered in hospital and surgical procedures. If you think \$7 or \$8 is too much for a vaccine inoculation, you are right, if all you are giving is a vaccine inoculation. There is no reason why you cannot justify this by giving \$7 to \$8 worth of service.

And if you think \$10 to \$15 is too little for a spay, you are right in most cases and sadly wrong in a few.

Secondly we must institute some area cost-accounting in hospitals. This has never been done in a way which would produce results applicable to the area hospitals. It is being done by some groups in our human hospitals and is failing because of complete lack of co-operation. To prevent criticism most are using the San Gabriel method: taking fees of surrounding hospitals and averaging them to get a base. But not one fee is justified by a sound cost accounting study. Here is an opportunity to use a Veterinary Economist. By setting up a cost accounting of six to twelve hospitals, from two different areas of the three different types—that is the doctor-wife combination, the doctor plus lay help, the multiple practice, and find out just how much the transfusions you get from your blood donor cost you, as well as many other unknowns. With this we can establish a sound basis for our fees and a reasonable cost breakdown for our clients. We will see areas where we can improve our services and adjust our fees accordingly.

The cost accounting findings can then be shifted to a relative-value study and I am sure most of you are familiar with this. This system has been adopted almost in its entirety by the American Medical Association as originated by the Alameda-Contra Costa County Medical Association and is a cause for complaint because it points out too many cases where fees are being charged that are not justified; in too many other cases where the fees are far too low. Once these findings have been shifted to a relative-value schedule it can be applied to any hospital similarly equipped and staffed in that area.

And finally it is necessary when we can see in fact the areas of deficiency in service or fee to gradually adjust these areas to meet a standard worthy of our profession.

Sheep Scabies Near Hollister

Director of Agriculture Charles Paul announced that sheep scabies has been diagnosed by State veterinarians in a band of about 4,000 sheep near Hollister, San Benito County.

The outbreak was found when the owners of the sheep reported that there was a severe skin disease among their animals.

The outbreak involved two shipments of sheep made from sheep scabies-infected states last September. The states involved have been notified in order that they may determine the source of the infection.

AAHA Meeting

The American Animal Hospital Association will hold its 28th annual meeting April 18-21, in the Sheraton-Jefferson Hotel, St. Louis, Mo.

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(Continued from page 12)

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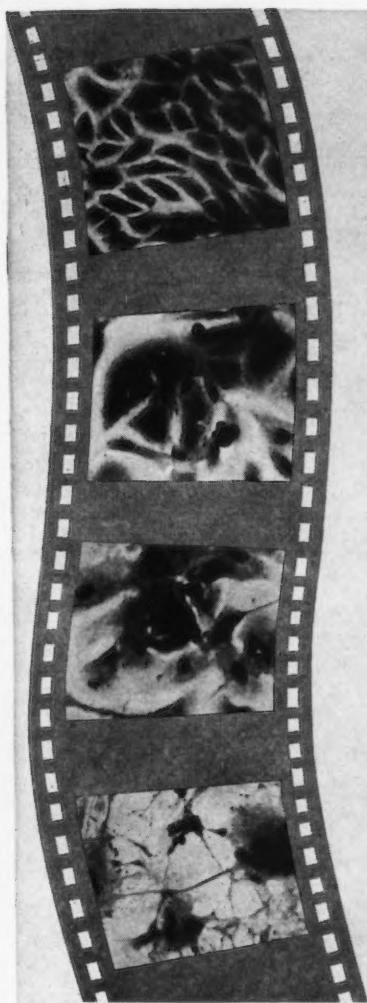
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Two California Veterinarians Address Illinois VMA Meeting

Dr. N. L. McBride, Pasadena practitioner, and Dr. James Steere, American Veterinary Publications, Santa Barbara, addressed the Illinois State VMA's 79th convention, Chicago, February 20-22.

Dr. McBride spoke on "Etiology, Diagnosis and the surgical Treatment of Anterior Cruciate Ligament Rupture in the Dog." Dr. Steere's subjects were: "The Veterinarian and Agriculture in Denmark," and "Displaced Abomasum."



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"Be Cytogen® Sure"

Cytogen: Canine Distemper Vaccine, Modified Live Virus, Canine Tissue Culture Origin, Lyophilized . . . the first modified live virus vaccine produced on dog kidney cells.

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2 Be sure of rapid response:

When distemper virus is grown in the Jen-Sal canine kidney cell system and becomes **Cytogen** virus, its ability to invade the dog is also enhanced. Susceptible test animals successfully withstood challenge with virulent virus as early as four days after vaccination with **Cytogen***.

3 Be sure of maximum stability:

Cytogen contains an exclusive stabilizing agent. With this stabilizer **Cytogen** virus has successfully protected dogs from virulent virus challenge after being artificially aged for a period equivalent to fourteen months of storage at room temperature*. For even greater superiority **Cytogen** is held well below freezing from the time it is produced until you receive it.

Cytogen is now available for immediate shipment from your Jen-Sal branch. Order now and "Be **Cytogen** Sure."

Package: 10 — 1 dose vials, with diluent

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General Offices: Kansas City 41, Missouri

Research Dog Hero of 1960

A 4-year-old pointer named Sam is the Research Dog Hero of 1960. Recognition came to Sam by the National Society for Medical Research for his role in an experiment by Drs. Norman E. Shumway, Richard R. Lower and Raymond C. Stofer of the Stanford University School of Medicine.

The dog has been living for the last seven months without one of the valves of his heart. It was removed and another valve from elsewhere in his heart was put in its place. The



SAM—Research Dog Hero of 1960. From left, Dr. Norman Shumway, Dr. Richard Lower, and (kneeling) Dr. Raymond Stofer.

experiment is said to hold major hope for Americans whose hearts have been damaged by rheumatic fever.

The purpose of the transplant was to see whether some way could be devised to replace disease-damaged mitral valves of human patients.

Without some sort of relief, patients are weak, short of breath and often confined to bed. An operation can be performed to free the hardened valve but if the condition recurs little can be done. Artificial valves made of synthetic materials have been tried but have not been entirely satisfactory.

73rd Annual Convention CVMA

LAFAYETTE HOTEL, LONG BEACH

October 23-25, 1961

Livestock Diseases Reported

E. F. Chastain, D.V.M.

Tabulation of Diseases reported to the State Bureau of Livestock Disease Control during the period September to December, inclusive, 1960.

		Sept. to Dec., incl., 1960		
		North	Central	South
Actinomycosis				
Anaplasmosis:	Cattle			3
	Sheep			
Anthrax:	Cattle	1	5	
	Sheep			
Aujeszky's Disease			1	
Blackleg				
Bluetongue		3	3	
Bovine Bacillary Hemoglobinuria			2	
Bovine Encephalitis				
Coccidiosis:	Cattle			
	Sheep			
Contagious Ecthyma, Sheep				1
Cysticercus Bovis		8	14	94
Equine Encephalomyelitis				
Equine Infectious Anemia				
Equine Virus Abortion				
Erysipelas:	Sheep			
	Swine	1		
Foot Rot:	Cattle			
	Sheep			
Hydroplasia, Lambs				
Hog Cholera		1	1	
Infectious Atrophic Rhinitis				1
Johne's Disease:	Cattle	5		
	Sheep			
Leptospirosis:	Cattle	33	41	4
	Horses		2	1
	Sheep			
	Swine		5	
Listeriosis:	Cattle			
	Sheep			
Malignant Edema				
Malignant Catarrhal Fever				
Mucosal Disease				1
Paratyphoid:	Cattle	6	18	6
	Horses			
	Sheep			
	Swine	1	5	4
Pooroptic Scab:	Cattle			
	Sheep			
Rabies, Bovine				
Rhinotracheitis		3	6	
Scrapie				
Screwworm:	Cattle		2	
	Horses			
	Sheep			
	Swine			
Virus Diarrhea, Cattle				1
Vibrio Fetus:	Cattle	1	2	
	Sheep	1		

To the California Veterinarians

Your Expanded Group Disability Program

Take Advantage of This Low-Cost Plan NOW

(Approved and Recommended by CVMA Executive Committee)

Includes CVMA Group Disability and Hospital-Surgical Expense Plan (World-Wide Coverage)

**MONTHLY ACCIDENT
INDEMNITY \$300⁰⁰**
(TOTAL DISABILITY)

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INDEMNITY \$150⁰⁰**
(PARTIAL DISABILITY)

**MONTHLY SICKNESS
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**ACCIDENTAL DEATH
INDEMNITY \$1,000⁰⁰**

Indemnity for Dismemberment and Loss of Sight by Accident

For Loss of Both Hands, or Both Feet, or One Hand and One Foot, or Entire Sight of Both Eyes **\$10,000⁰⁰**

For LOSS of One Hand or One Foot, or Entire Sight of One Eye **\$5,000⁰⁰**

For LOSS of Thumb and Index Finger of Either Hand **\$2,500⁰⁰**

Special Hospital-Surgical Benefits for Member and All Dependents—Including \$5,000 Blanket Polio Coverage

Hospital-Residence Expense (maximum 70 days any one disability) Per Day \$ 14.00

Miscellaneous Hospital Expense (drugs, anaesthetic, X-ray, etc.) \$200.00

Surgical Operation Expense (based on schedule of operations) \$10.00 to \$300.00

LOW COST GROUP RATES

Semi-Annual Rates:

Member Only	To Age 50 Mbr. & One Dep.	Mbr. & All Deps.	Member Only	Ages 50 thru 59 Mbr. & One Dep.	Mbr. & All Deps.	Member Only	Ages 60 thru 64 Mbr. & One Dep.	Mbr. & All Deps.
\$80.80	\$109.55	\$134.90	\$91.50	\$120.25	\$145.60	\$107.50	\$136.25	\$161.60

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Melvin Kattelman
470 So. San Vicente Blvd.
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NATIONAL CASUALTY COMPANY • J. L. Toole, Gen. Agt.
315 Montgomery Street • EXbrook 2-2440 • San Francisco 4, California

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Women's Auxiliary News

It's Spring again . . . and birds on the wing again. . . . The "new frontier" has arrived and we have been in office approximately 286 days and what have we accomplished? Good question. As "JFK" would put it, there is much to be done and we must ask ourselves, honestly and searchingly, not what the Auxiliary does for me, rather, WHAT CAN I DO FOR THE AUXILIARY!!! Help is needed to accomplish the goals of the Auxiliary in this rapidly growing and changing decade and we must keep up with the times and the pace.

The rains came to sunny California but it did not dampen the spirit or enthusiasm of the ladies who attended the Midwinter conference at the University of California Veterinary Medical School. From the "Get Acquainted Buffet" to the mouth-watering gourmet luncheon one would have thought that Spring was in the air. Unusual Spring decorations in pastel colors were everywhere in the large dining hall on the Davis Campus, the scene of the luncheon.

A tour of the campus had been arranged but the rains came so a descriptive color film of Williamsburg, Virginia, "The Story of a Patriot," was viewed by the 125 ladies. Mrs. D. E. Jasper, chairman, was ably assisted by the University wives, for this grand affair and the hospitality extended each lady will long be remembered!

The student chapter of the WA reports that they have had several interesting meetings and speakers. Dr. Amerine, from the Davis faculty, spoke on "Wine and Women," in January, and in February Dr. Ronald Hauge, practitioner from Sacramento, talked to the ladies on financial expectations in the veterinary profession. In the Spring they plan the election of new officers and the annual graduation ceremony for senior wives. Their "Pet Recipes" cookbook is being printed and will be made available for a relatively small price for anyone interested.

In Fresno the ladies have elected Mrs. Paul S. Chaffee, president; Mrs. W. E. Osterholtz, vice-president, and Mrs. Herbert N. Piper, secretary-treasurer, for the year. They are planning their Spring luncheon for April, and their dinner meeting with their husbands for May. They are working on memberships for the National Auxiliary and on the Research Fund Solicitation.

Down in San Fernando, the chapter of the SCVMA Auxiliary have elected the following officers for the year: President, Mrs. Frederick Bowers; first vice-president, Mrs. S. M. Childs; second vice-president, Mrs. Ralph Reese; secretary, Mrs. Robert Button, and treasurer, Mrs. Anthony Feldman.

The Southern California VMA Auxiliary have also elected officers for 1961. They are:

President, Mrs. Arodd Clark; first vice-president, Mrs. Orville Warner; second vice-president, Mrs. Rollin Smith; third vice-president, Mrs. Mack Scott; recording secretary, Mrs. Charles Reid; corresponding secretary, Mrs. Earl Greene; ways and means, Mrs. W. W. Putney; parliamentarian, Mrs. Ralph Vierheller. These officers were installed on January 7 at the SCVMA Installation Ball held in the Grand Ballroom of the Ambassador Hotel.

In balmy San Diego, Mrs. Garten reports that the Auxiliary's gift of \$200 to the San Diego County Welfare Department, Handicapped Children's Division, was gratefully received and will be used as a special fund to help the children of this county. Special credit should be given to Mrs. Harlan Jensen for her efforts in this regard. The February dinner dance was held in the scenic room of the Catalamaran overlooking the ocean at Pacific Beach. The theme was "Getting to Know You" and it was a semi-formal affair . . . very lovely.

Up in San Jose, Mrs. Hylton states that their Auxiliary is really organized. They have luncheon meetings in different member's homes and raise their funds by paying \$1.50 per person with 50 cents for cocktails. This was easier for all than having special projects.

Do you have any news for the Spring Newsletter? Do we have your correct address? Please send any information to your publicity chairman, it is very difficult to make up a newsletter without news.

MRS. WILFRED J. PIMENTEL, Publicity
1035 E. Cambridge, Fresno

Memorial donations to the Women's Auxiliary to the California Veterinary Medical Association to aid the Veterinary Education Assistance Program may be sent to Mrs. Anna Hauge, Second Vice President, 3191 Morse Ave., Sacramento 21, California.

Dr. W. A. Young Elected President West Hollywood Rotary Club

Dr. W. A. Young, supervisor of the Griffith Park Zoo, has just been elected president of the West Hollywood Rotary Club. He will take office July 1.

Active in CVMA and SCVMA affairs, Dr. Young is currently a member of the board of directors of the Rotary. He has been a Rotarian for 23 years, starting at Rotary No. 1 in Chicago, the Mother Club, which is also the largest service club in the world. Before coming to California, Dr. Young served as an officer and director, and also vice-president of that world-famous club in Chicago.

Veterinary Student Receives Grant



Joseph Garcia, a student in the School of Veterinary Medicine on the Davis Campus of the University of California, was awarded the annual scholarship grant of the California Veterinary Medical Association's Women's Auxiliary in a recent ceremony at Davis. Presenting the award were, left to right: Mrs. Louis F. Johnson of Sacramento, president-elect of the group; Mrs. Ronald T. Hauge, Sacramento, second vice-president, and Mrs. Russell P. Cope, of San Pablo, President. The award was announced at the Auxiliary's annual luncheon held during the Midwinter Conference of the CVMA, January 30-February 1.

Charles S. Travers Purchases Peck-Judah Travel Agency

Charles S. Travers, retired executive secretary of the California Veterinary Medical Association, has announced the re-establishment of Travellac Publications, Inc., and the purchase of the 56-year-old Peck-Judah Co., Inc., one of the oldest travel agencies in the West.

Mr. Travers reactivated Travellac Publications shortly after retiring from the CVMA. For many years he had maintained the firm in San Francisco, devoting his time to publication work and resort travel promotion.

With the acquisition of Peck-Judah, Mr. Travers takes over the long-established tour and cruise firm, which has headquarters in San Francisco, Los Angeles and New York. The firm specializes in tours to all parts of the world. It was started in 1905.

In making the announcement of his association in the travel business, Mr. Travers invites all his friends in the CVMA to contact him when they are planning rail, air, bus or steamship tours.

"I shall be happy to handle all your travel and vacation plans," said Mr. Travers. "Wherever you plan to go, Peck-Judah can arrange your complete tour. My friends can reach me at 1581 Mission St., San Francisco, phone MArket 6-0141 or at Peck-Judah office, 590 Market St., phone GArfield 1-3505."

MARCH-APRIL, 1961

LOCAL ASSOCIATION NEWS

Southern California VMA

The SCVMA's third annual symposium, March 1, was attended by 450 veterinarians. As was expected, Dr. William G. Magrane was superb in his material and presentation on Canine Ophthalmology. Comments from those attending were to the effect that this was the type of program that the practitioner could take back and use.

* * *

Bay Counties VMA

Dr. Victor J. Cabasso, Viral and Rickettsial Research Section of the American Cyanamid Company, spoke to more than 65 members and guests at the February 14th meeting of the BCVMA. His subject was: Current Virus Research in Distemper and Hepatitis Immunization.

* * *

Santa Barbara-Ventura VMA

The following officers were recently elected: President, Dr. Donald E. Hur; vice-president, Dr. Charles Nelson; secretary-treasurer, Dr. Donald W. Jolly.

* * *

Orange Belt VMA

Dr. Charles E. Childs has been elected president of the OBVMA. Dr. William G. Aldridge is vice-president, and Dr. Joseph H. Tobiska is secretary-treasurer.

* * *

Alameda-Contra Costa VMA

This association conducted rabies clinics on February 12, 19 and 26 in Contra Costa County. At the regular January meeting the ACCVMA continued discussion of the new proposed constitution.

Assail Legislation to Regulate Handling of Experimental Animals

The profession devoted to the health care of animals assailed proposed federal legislation to regulate the handling of experimental animals.

Speaking for some 16,000 practicing veterinarians in the U. S., an editorial in a recent issue of the *Journal of the American Veterinary Medical Association* warned that "animal research in human and veterinary medicine, and in agriculture, would be hampered or complicated" if the so-called "Cooper-Griffiths" bills were enacted into law.

Highlights from House of Delegates Meeting, Midwinter Conference, January 29, 1961

Board of Examiners, Vocational and Professional Standards

Mr. Kenneth Humphreys reported on a hearing held in January in Senator Gibson's office. The following items were considered: (1) whether or not public members should be permitted to serve on the Board of Examiners for Vocational and Professional Standards; (2) pooling of all special funds for the General Fund of California; (3) approving of investigators for all the various boards, and (4) creation of a special 3-man appeals board, which could override and replace the various Boards of Examiners.

Results: (1) Members of Healing Arts compromised to allow a public member to serve on appropriate Board. Bills have already been entered in the Senate and Assembly to assure the serving of such member on Boards; (2) the CVMA vehemently opposes the pooling of special funds into the General Fund. We can reasonably believe this will not be passed. (3) The CVMA stood neutral on pooling of investigators. (4) A special 3-man appeals board was opposed by CVMA and other associations. We can reasonably believe this will not be passed.

Disposition of Rabies Monies to CVMA

There was much discussion on the proposal that local associations give 10 percent of rabies monies to the CVMA. A motion was made and passed that the Rabies Report of the Therapeutics and Infectious Diseases Committee be referred back to the Rabies Committee for a brief, concise and definite recommendation, to be presented at the next House meeting.

Dr. Robert Schroeder Nominated

Dr. Robert J. Schroeder, Southern California VMA, received the endorsement from the CVMA's House of Delegates as California's candidate for the office of AVMA Executive Board, Region 10.

1962 Annual Meeting

The bid for the annual meeting, 1962, had been given to the Alameda-Contra Costa VMA. San Francisco was chosen as official headquarters.

Sales Tax for Practitioners

As a result of investigation of certain practitioners by the California Board of Equalization on re-sale tax licenses and penalties on back taxes, a special committee composed of Sen. W. W. Stiern, Dr. Padfield, Dr. Cripe

and Kenneth Humphreys was appointed to meet with the Department of Equalization. Their findings have been mailed to all members of the CVMA.

President-Elect, AVMA

The House unanimously endorsed Dr. Dan Anderson of Texas as AVMA president-elect, 1961-62. The Executive Committee has previously endorsed Dr. Anderson for this post.

Succession of Officers, CVMA

Possible changes in CVMA By-Laws were discussed: (1) It was recommended that officers, in the event of death or unable to serve, that other officers step up into the vacancy and a special election be held to fill the office of third vice-president; (2) that the past president become a member of the Ways and Means Committee for one year, with a vote, but not as chairman; (3) that the first vice-president be made a member of the Public and Professional Relations Committee.

Bid from Bakersfield, 1964

A bid from Bakersfield as host city for the Midwinter Conference or annual meeting of 1964 was referred to the Executive Committee for action.

Commendation for Executive Secretary

A resolution from the San Francisco, Peninsula, Orange Belt, SCVMA, and San Diego VMA, unanimously offered sincere appreciation to Executive Secretary Kenneth Humphreys for the tremendous job that he has done and is now doing for the CVMA.

Brucellosis Eradication Takes Step Forward

California's campaign to eradicate brucellosis from its cattle has taken another long step forward.

Four more important cattle counties, Fresno, Merced, Santa Barbara and Sonoma, have been certified by the Federal and State governments as modified certified brucellosis areas, bringing the total of the certified counties to 47.

A county may be certified after tests of all its cattle show brucellosis infection has been reduced to less than one percent of the animals and to less than five percent of the herds.

Animals found brucellosis infected are destroyed and the owner is indemnified jointly by the Federal and State Departments of Agriculture.

CVMA Endorses Dr. D. J. Anderson for President-Elect, AVMA

The Executive Committee, CVMA, unanimously recommended to the House of Delegates at the Mid-



DAN J. ANDERSON

gates at the Mid-winter Conference that California go on record as endorsing Dr. Dan J. Anderson, Fort Worth, Texas, for President-Elect of the American Veterinary Medical Association. The House of Delegates unanimously concurred.

Dr. Anderson, Texas '38, long a

leader in the veterinary field and currently serving as chairman of the AVMA's executive board, was pledged full support for the national presidency by the Texas VMA when that group held their convention in Houston, in January.

Applicants

Steven G. Abrams, Los Angeles. Vouchers: Robert L. Mercer, Richard M. Barschak.

Richard K. Allen, Yuba City. Vouchers: Clayton B. Griffiths, Jeri A. Berg.

Cecil Dale Behunin, Los Altos. Vouchers: Robert F. Larson, Maremaro Shibuya.

R. T. Coffland, Lancaster. Vouchers: E. R. Braun, William E. Steinmetz.

Martin E. Goetz, Berkeley. Vouchers: E. R. Braun, William E. Steinmetz.

C. L. Gooding, Sacramento. Vouchers: William E. Steinmetz, L. P. Griffen.

Donald D. Kerns, Vacaville. Vouchers: Van E. Brimhall, Richard U. Miles.

Lawrence C. Kidwell, South San Francisco. Vouchers: E. R. Braun, William E. Steinmetz.

George S. Knox, Grass Valley. Vouchers: L. F. Conti, S. A. Fuller.

Richard W. Kohlschreiber, West Covina. Vouchers: E. R. Braun, William E. Steinmetz.

L. E. Ludvigson, Los Angeles. Vouchers: E. W. Morehouse, Paul C. Lockhart.

Gus N. Lukas, Fresno. Vouchers: E. R. Braun, William E. Steinmetz.

Don L. Mace, Redding. Vouchers: Mitchell Lunstra, C. J. Ferrelira.

J. A. Marron, Covina. Vouchers: Robert J. Schroeder, Ralph H. Scofield.

W. Alfred Marsden, San Bruno. Vouchers: E. R. Braun, William E. Steinmetz.

Eugene T. Metz, Anaheim. Vouchers: Burt H. Rice, W. J. Winchester.

John Nehay, Yreka. Vouchers: F. W. Andrews, O. K. Kendall.

Richard L. Parsley, Turlock. Vouchers: E. R. Braun, William E. Steinmetz.

Wanted!

The University of California Medical Center in San Francisco is seeking to establish a colony of Siamese cats afflicted with osteogenesis imperfecta.

They have three objectives: (1) to study the genetics of this problem; (2) to observe the manifestations of its natural course, and (3) to study the effects of diet variation on the disease as an approach to tentative hypothesis that osteogenesis imperfecta may be related to a disorder in vitamin A metabolism.

In order to achieve this, they need Siamese kittens afflicted with osteogenesis imperfecta, and—if possible—adult Siamese cats who are known to be carriers of this trait. They are anxious to acquire kittens or adult cats with this trait, and will arrange for their transport to San Francisco.

If you know the whereabouts of such animals now, or in the future, please notify Edwin G. Bovill, M.D., Project Director, University of California Medical Center, 896-M, San Francisco 22, or Charles W. Riggs, D.V.M. c/o Vivarium 288-S, University of California Medical Center, San Francisco 22, or A. P. Wind, D.V.M., University of California School of Veterinary Medicine, Davis.

Recruitment-Public Relations

Increasing AVMA activity in the areas of recruitment and public relations can be expected shortly as a result of actions taken by the AVMA Board of Governors, February 2-3.

Expressing concern over the shortage of qualified students seeking careers in veterinary medicine, the Board urged the AVMA staff to work closely with the National Association of Guidance Counselors, constituent associations, veterinary schools, and student chapters in implementing the AVMA's career recruitment program.

Oliver B. Seeley, Orange. Vouchers: E. R. Braun, William E. Steinmetz.

Gordon H. Theilen, Davis. Vouchers: Blaine McGowan, Jr., Ghery D. Pettit.

Lawrence C. Vanderwagen, Buena Park. Vouchers: Charles H. Ozanian, J. D. Lamont.

Raymond A. Weitkamp, Monrovia. Vouchers: E. R. Braun, William E. Steinmetz.

W. W. Worcester, Elk Grove. Vouchers: E. R. Braun, William E. Steinmetz.

G. W. Yeager, Sacramento. Vouchers: L. R. Davidson, William E. Steinmetz.

Lawrence F. Vaughn, Modesto. Vouchers: E. R. Braun, William E. Steinmetz.

Norman D. Jones, Edwards AFB. Vouchers: W. J. Zontine, E. R. Braun.

OPPORTUNITIES

For Sale or Lease

Los Angeles area—spacious small animal hospital; 2 large kennel rooms, outdoor runs, large waiting room, office, examining room, drug room, excellent surgery facilities, lab, apartment for kennelman. Adjoining area suitable for apartment, pet shop or storage. 3-bedroom house adjacent to hospital. Death of owner forces sale or lease. Hospital now closed and there is need for veterinarian in this area. Write Box A-119 THE CALIFORNIA VETERINARIAN.

* * *

Small animal hospital for rent or lease in Fresno. Phone BA 7-3869.

* * *

Position Wanted

KSU, '61, age 31, married, 2 children; military obligation completed; desires position in progressive small animal hospital in California. Robert McNemar, 55-B Hilltop Courts, Manhattan, Kansas.

* * *

Thirty years experience in small animal practice. No objection to Saturday and Sunday work. Will consider opportunity for partnership. Write, Box A-117, THE CALIFORNIA VETERINARIAN.

* * *

Graduating from CSU in June. Interested in locating in northern part of California in small animal practice. Would consider working for someone, buying into a practice or purchasing small animal hospital. Ben B. Baker, 217 Pennsylvania, Fort Collins, Colo.

* * *

Kennelman available for S. F. Bay Area. Clipper, kennelman, maintenance work, etc. Worked for 3 years in small animal hospital in Indiana. Robert Weed, phone DAVenport 3-8696.

* * *

For Sale

Progressive, fully equipped small animal hospital in Idaho. Large animal potential, if desired. Moderate down payment; can finance balance. Write Box A-120, THE CALIFORNIA VETERINARIAN.

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Veterinary hospital, established 26 years; newly remodeled and air conditioned; AAHA member. \$65,000 gross practice; can be increased. Present plant will handle double the amount of gross business. Fastest growing beach area, 20 miles from center of Los

Angeles; perfect climate; smog-free area. \$30,000 will handle. Companion hospital two miles away, newly remodeled; 38 kennels, 2800 sq. ft. building on corner lot, 80x120; busy street. Practice potential good. Full price \$35,000—\$10,000 will handle, including drugs, X-Ray and full equipment. Dr. W. M. Crow, 1417 Pasco Del Mar, San Pedro. Phone Terminal 2-1380.

* * *

Small animal practice and pet hospital, also pet shop in middle of San Fernando Valley. All inquiries answered. 11524 LaMaida St., North Hollywood.

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California mixed practice, Sacramento Valley. Small animal hospital and large animal facilities located on one acre on major highway. Excellent potentialities. Five-year average gross \$33,000. Priced for quick sale. Practice and real estate, \$26,000. \$4,000 down, balance financed. Write Box A-121, THE CALIFORNIA VETERINARIAN.

* * *

2.4 acres across from major shopping center. Ideal for veterinary clinic. Good price; terms to suit buyer. Wm. J. Woods Assoc., 2427 Walnut Ave., Carmichael. IV 7-8856.

* * *

Veterinarian Wanted

Opening for a California licensed veterinarian for institutional work. Excellent opportunity for the right man. Write, Box A-122, THE CALIFORNIA VETERINARIAN.

* * *

Livestock Veterinarian with the County of Orange in Southern California. Requires graduation from a recognized veterinary college, valid California State License to practice veterinary medicine issued by the State Board of Examiners in Veterinary Medicines and a valid Tuberculosis and Brucellosis Accredited Veterinarian Certificate issued by the U.S.D.A. Salary \$575-\$715 per month. Appointment may be authorized above first step. Applications must be received by April 25, 1961. Apply: Orange County Personnel Department, 801-C North Broadway, Santa Ana.

* * *

Veterinarian—Calif. license, for salary, partnership or as a purchaser of a busy small hospital. Write V. Hugo, 14519 Arminia St., Panorama City, Calif.

The Watsonville Register-Pajaronian recently devoted a full page to the activities of two local veterinarians — Doctors Erwin Plocher and James Russell. Ten photos and text described their large animal activity. Excellent public relations.—The Editor.

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